

Information Systems Department
100 Merrimack Street
Manchester, NH 03101

The Information Systems Department is accepting prequalification applications for the installation of outside plant Fiber Optic Cable. Applications can be downloaded from the City's web site at CI.MANCHESTER.NH.US. An application can also be requested from the Information Systems Department by calling 603 624-6577 or by sending an email requesting the "Prequalification Form" to MIS@ci.manchester.nh.us.

Applications must be sent or delivered to:
Jennie Angell
City of Manchester
Information Systems Department
Prequalification Application
100 Merrimack Street
Manchester, NH 03101

603 624-6577 phone
603 624-6320 fax

Applications must be signed and received by the Information Systems Department by March 31, 2003 to be considered.

Prequalification Statement for Fiber Installation Project

Company Name _____
Submitted By _____
Signature _____ Date _____
Title _____
Address _____
Telephone Number _____
Fax Number _____
E-mail _____

Prequalification requested for Materials and Installation

Should any change occur which substantially alters the data contained herein, the above-named prospective bidder shall immediately submit a complete revised Prequalification Statement, developing the firm's current qualifications to the Department.

No proposal will be granted to a prospective bidder who is not prequalified.

- 1) Company Name _____
- 2) Address _____
- 3) City, State _____
- 4) ___ Corporation ___ Co-Partnership ___ Individual
- a) If a Corporation
- i) Capital paid in cash \$ _____
- ii) When incorporated _____
- iii) State of incorporation _____
- iv) President's name _____
- v) Vice President's name _____
- vi) Treasurer's name _____
- b) If a Co-partnership
- i) Date of Organization: _____
- ii) Is partnership general, limited or association _____
- iii) Name and address of partners _____
- _____
- _____
- _____
- 5) How many years has your organization been in business under the present business name? _____
- 6) How many years of experience in outside plant fiber installation, has your organization had?
- a) As a sub-contractor _____
- b) As a General Contractor _____
- c) List the equipment you have available to do outside plant installations
- i) _____
- ii) _____
- iii) _____
- 7) List the Names and addresses of five (5) organizations that have contracted with your company for outside plant fiber installation in the last 2 years.
- a) Company Name _____
- i) Contact Name _____
- ii) Address _____
- _____
- iii) Telephone Number _____
- iv) Size of Project \$ _____
- v) Started on time ___ Yes _____ Days Late

(1) Reason the project started late _____

vi) Completed on time _____ Yes _____ Days Late

(1) Reason the project finished late _____

b) Company Name _____

i) Contact Name _____

ii) Address _____

iii) Telephone Number _____

iv) Size of Project \$ _____

v) Started on time _____ Yes _____ Days Late

(1) Reason the project started late _____

vi) Completed on time _____ Yes _____ Days Late

(1) Reason the project finished late _____

c) Company Name _____

i) Contact Name _____

ii) Address _____

iii) Telephone Number _____

iv) Size of Project \$ _____

v) Started on time _____ Yes _____ Days Late

(1) Reason the project started late _____

vi) Completed on time _____ Yes _____ Days Late

(1) Reason the project finished late _____

d) Company Name _____

i) Contact Name _____

ii) Address _____

iii) Telephone Number _____

iv) Size of Project \$ _____

v) Started on time _____ Yes _____ Days Late

(1) Reason the project started late _____

vi) Completed on time _____ Yes _____ Days Late

(1) Reason the project finished late _____

e) Company Name _____

i) Contact Name _____

ii) Address _____

iii) Telephone Number _____

iv) Size of Project \$ _____

v) Started on time _____ Yes _____ Days Late

(1) Reason the project started late _____

- vi) Completed on time _____ Yes _____ Days Late
(1) Reason the project finished late _____
- 8) Names and address of all adverse parties in any suit involving the applicant in the last five(5) years
- a) Name _____
i) Address _____
ii) Telephone# _____
iii) Is the Suit settled? _____
- b) Name _____
i) Address _____
ii) Telephone# _____
iii) Is the Suit settled? _____
- c) Name _____
i) Address _____
ii) Telephone# _____
iii) Is the Suit settled? _____
- 9) Submit an unqualified letter from the bonding company to the effect that they will provide the required performance and payment bonds, each in the amount of 100 percent of the bid price, should the applicant be awarded the contract.
- a) What is your aggregate bonding capacity? \$ _____
b) What is your single project bonding capacity? \$ _____
c) List all unfinished projects that you currently have with their project costs.
- i) Project Name _____
(1) Owner Name _____
(2) Owner Address _____
(3) Contract Amount \$ _____ % complete _____
- ii) Project Name _____
(1) Owner Name _____
(2) Owner Address _____
(3) Contract Amount \$ _____ % complete _____
- iii) Project Name _____
(1) Owner Name _____
(2) Owner Address _____
(3) Contract Amount \$ _____ % complete _____
- iv) Project Name _____
(1) Owner Name _____
(2) Owner Address _____
(3) Contract Amount \$ _____ % complete _____
- 10) Financial Statements
- a) Submit either a Balance Sheet created by a CPA or a Personal Financial Statement (see attached form)



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$	
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments \$	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$	Net Worth	\$
		Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned.		(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
		Property A	Property B	Property C	
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets.		(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)			
Section 6. Unpaid Taxes.		(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)			
Section 7. Other Liabilities.		(Describe in detail.)			
Section 8. Life Insurance Held.		(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)			
I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		
PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.					